

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032288
STATE FILE NUMBER

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 291

FILED OCT 6 1961

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CHASE ST. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MO COLE

c. CITY

OR TOWN

RUSSELLVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ORA

PEARL

PARRISH

4. DATE OF DEATH

Month

Day

Year

OCT

2

61

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/28/94

9. AGE (last birthday)

67

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (City and state or country)

LINN CREEK MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

JAMES KENNEDY

13b. MOTHER'S MAIDEN NAME

MELUINA HIBBON

14. NAME OF HUSBAND OR WIFE

JAMES PARRISH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Address

Mrs H.E. Wyss Russellville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage

DUE TO (c)

Arteriosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured Left Hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

fell from bed at home

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

9-18-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Versailles Morgan. Mo

COUNTY

STATE

21. I attended the deceased from 9/18/61 to 10/2/61 and last saw her alive on 10/2/61

Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L.A. Michael J.C.

22b. ADDRESS

Jefferson City

22c. DATE SIGNED

10/2/61

23. BURIAL (CREMATION, REMOVAL) (Specify)

23b. DATE

OCT-4-61

23c. NAME OF CEMETERY OR CREMATORIUM

VERSAILLES CEMET

23d. LOCATION (City, town or county)

VERSAILLES

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Stiffens Funeral Home 4 October 1961

25. DATE RECD. BY LOCAL REG.

4 October 1961

26. REGISTRAR'S SIGNATURE

R.D. Harris, M.D. Richter, Reg.

Russellville Mo (Signed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Mr. Russell*

Licensed Embalmer No. 2307

P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.